PETI	TION FOR EXTENSION OF TIME UNDER	37 CFR 1.136(a)	Docket Number (Opti	onal)	
	FY 2008	022259-001010US	022259-001010US		
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Application Number 10/524,643			Filed February 10, 2005		
or I	METHODS AND IMMUNE MODULATORY NUCL ASE	EIC ACID COMPO	OSITIONS FOR PREVE	ENTING AND TREATING	
Art Unit 1645			Examiner Minnifield, Nita M.		
	s a request under the provisions of 37 CFR 1.136 cation.	(a) to extend the p	eriod for filing a reply in	the above identified	
he r	equested extension and fee are as follows (check	time period desire	d and enter the approp	riate fee below):	
		Fee	Small Entity Fee	2	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$_60	
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$	
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$	
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820 -	\$	
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
ব	Applicant claims small entity status. See 37 CFF	R 1.27.			
	A check in the amount of the fee is enclosed.				
	Payment by credit card. Form PTO-2038 is attached.				
\boxtimes	The Director has already been authorized to charge fees in this application to a Deposit Account.				
Ø	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>				
	WARNING: Information on this form may become publi Provide credit card information and authorization on F	ic. Credit card inform PTO-2038.	nation should not be inclu	ided on this form.	
l an	n the applicant/inventor.				
	assignee of record of the entire Statement under 37 CFR 3				
	attorney or agent of record. Re	gistration Number	46,226		
	attorney or agent under 37 CFF Registration number if acting u		101	_	
_	Jenniofer Wallety			31, 2008	
	V Signature			Date	
Jennifer L. Wahlsten, Reg. No. 46,226 Typed or printed name		226	415-576-0200 Telephone Number		
	,,,		•		
	Signatures of all the inventors or assignees of record of the entinature is required, see below.	re interest or their repre	sentative(s) are required. Su	bmit multiple forms if more than	
٦,	Total of forms are si	ibmitted.			